



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The Badger Fund, Inc.

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|                                                                                                                                                                                                                         | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 132832.46 |
| Y                                                                                                                                                                                                                       | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2                                                                                                                                                                                                                       | 0                       | 0                                 | 6 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....                                                                                                                                                              | 212417.09               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....                                                                                                                                                                                 | 34484.07                | 173306.16                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....                                                                                                                    | 246901.16               | 306138.62                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....                                                                                                                                                                             | 59623.32                | 118860.78                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                                                                                                                               | 187277.84               | 187277.84                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                         | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....                                                                                                        | 0.00                    |                                   |   |   |   |   |   |   |  |           |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
The Badger Fund, Inc.

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts                                                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                             |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                                | 28000.00                      | 117000.00                         |
| (i) Itemized (use Schedule A) .....                                                                    | 425.00                        | 3375.00                           |
| (ii) Unitemized .....                                                                                  | 28425.00                      | 120375.00                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....                                                         | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                                   | 5500.00                       | 51080.00                          |
| (c) Other Political Committees (such as PACs) .....                                                    | 33925.00                      | 171455.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     |                               |                                   |
| 12. Transfers From Affiliated/Other Party Committees .....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                           | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....                                           | 559.07                        | 1851.16                           |
| 18. Transfers from Non-Federal and Levin Funds                                                         |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                       | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                               | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).                                                              | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 34484.07                      | 173306.16                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 34484.07                      | 173306.16                         |

**DETAILED SUMMARY PAGE**

of Disbursements

| <b>II. DISBURSEMENTS</b>                                                                        | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|-------------------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 21. Operating Expenditures:                                                                     |                                       |                                           |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                      |                                       |                                           |
| (i) Federal Share.....                                                                          | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....                                                                     | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....                                                   | 823.32                                | 33560.78                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                           | 823.32                                | 33560.78                                  |
| 22. Transfers to Affiliated/Other Party Committees.....                                         | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 58800.00                              | 85300.00                                  |
| 24. Independent Expenditure (use Schedule E) .....                                              | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....                                                                   | 0.00                                  | 0.00                                      |
| 27. Loans Made.....                                                                             | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:                                                                |                                       |                                           |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 0.00                                  | 0.00                                      |
| (b) Political Party Committees .....                                                            | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....                                             | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                            | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....                                                                    | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))                                                 |                                       |                                           |
| (a) Shared Federal Election Activity (from Schedule H6)                                         |                                       |                                           |
| (i) Federal Share .....                                                                         | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....                                                                        | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                            | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....               | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..        | 59623.32                              | 118860.78                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 59623.32                              | 118860.78                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 33925.00                      | 171455.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 33925.00                      | 171455.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 823.32                        | 33560.78                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 823.32                        | 33560.78                          |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 22                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        |                                         | <input type="checkbox"/> 15  |
|                                                                        |                                         | <input type="checkbox"/> 16  |
|                                                                        |                                         | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Kurt D. Bechthold

Mailing Address 9701 North Columbia Drive

City State Zip Code  
Mequon WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Payne & Dolan Principle

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: SA11A1.5225

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Lori Bechthold

Mailing Address 9701 North Columbia Drive

City State Zip Code  
Mequon WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2006

Transaction ID: SA11A1.5223

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Colin A. Chapman

Mailing Address 1613 Brookside Road

City State Zip Code  
McLean VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Rhoads Group Senior Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2006

Transaction ID: SA11A1.5205

Amount of Each Receipt this Period  
250.00

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 22                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                 |                                     |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Billy Lee Evans                                                            |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |  |
| Mailing Address 431 1st Street SE                                                                                               |                                     | Transaction ID: SA11A1.5236                                   |  |
| City<br>Washington                                                                                                              | State<br>DC                         | Amount of Each Receipt this Period<br>1000.00                 |  |
| Zip Code<br>20003                                                                                                               |                                     |                                                               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     |                                                               |  |
| Name of Employer<br>Self Employed                                                                                               | Occupation<br>Attorney              |                                                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                                                               |  |

|                                                                                                                                 |                                     |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> John D. Heffner                                                            |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |  |
| Mailing Address 1920 N Street NW Suite 800                                                                                      |                                     | Transaction ID: SA11A1.5233                                   |  |
| City<br>Washington                                                                                                              | State<br>DC                         | Amount of Each Receipt this Period<br>1000.00                 |  |
| Zip Code<br>20036                                                                                                               |                                     |                                                               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     |                                                               |  |
| Name of Employer<br>Self                                                                                                        | Occupation<br>Government Relations  |                                                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |                                                               |  |

|                                                                                                                                 |                                    |                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Thomas A. Howells                                                          |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |  |
| Mailing Address P O Box 44849                                                                                                   |                                    | Transaction ID: SA11A1.5208                                   |  |
| City<br>Madison                                                                                                                 | State<br>WI                        | Amount of Each Receipt this Period<br>250.00                  |  |
| Zip Code<br>53744                                                                                                               |                                    |                                                               |  |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                    |                                                               |  |
| Name of Employer<br>Wisconsin Motor Carriers Asso                                                                               | Occupation<br>President            |                                                               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |                                                               |  |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 22                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Richard D Jenkins

Mailing Address 5037 South Lakeshore Drive

City State Zip Code  
Racine WI 53403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Diamond Transportation System Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5199

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Brian P. Johnson

Mailing Address N7430 Niagara Lane

City State Zip Code  
Fond du Lac WI 54935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Michels Corporation Executive Vice President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.5190

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Arthur Keiser

Mailing Address 6069 NW 87th Avenue

City State Zip Code  
Parkland FL 33067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Keiser College President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.5183

Amount of Each Receipt this Period  
2500.00

|                                                                  |                |
|------------------------------------------------------------------|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 9 / 22                  |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                 |                                               |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> James R. Kirchner                                                          |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address N2222 Vanity Drive                                                                                              |                                               | <b>Transaction ID:</b> SA11A1.5218                            |
| City State Zip Code<br>Stoddard WI 54658                                                                                        | Amount of Each Receipt this Period<br>2500.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                               |                                                               |
| Name of Employer<br>TexPar Energy LLC                                                                                           | Occupation<br>President                       |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00           |                                                               |

|                                                                                                                                 |                                              |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Elaine Kraut                                                               |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 1505 Golden Lake Road                                                                                           |                                              | <b>Transaction ID:</b> SA11A1.5229                            |
| City State Zip Code<br>Oconomowoc WI 53066                                                                                      | Amount of Each Receipt this Period<br>750.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                              |                                                               |
| Name of Employer<br>Genesee Aggregate                                                                                           | Occupation<br>President                      |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00           |                                                               |

|                                                                                                                                 |                                              |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Paul A. Lobo, Jr.                                                          |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 425 East 85th Street Apt. 3A                                                                                    |                                              | <b>Transaction ID:</b> SA11A1.5212                            |
| City State Zip Code<br>New York NY 10028                                                                                        | Amount of Each Receipt this Period<br>250.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                              |                                                               |
| Name of Employer<br>The Washington Group                                                                                        | Occupation<br>Vice President                 |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |                                                               |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 10 / 22                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                               |                                               |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. Scott P. Mathe</b>                                                           |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 3031 Wild Rose Lane                                                                                           |                                               | Transaction ID: SA11A1.5220                                   |
| City Onalaska State WI Zip Code 54650                                                                                         | Amount of Each Receipt this Period<br>2500.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                           |                                               |                                                               |
| Name of Employer Milestone Materials Occupation Vice President                                                                | Aggregate Year-to-Date<br>2500.00             |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                               |                                                               |

|                                                                                                                               |                                               |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. Steven C. Mathy</b>                                                          |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address N2104 Valley Road                                                                                             |                                               | Transaction ID: SA11A1.5222                                   |
| City LaCrosse State WI Zip Code 54650                                                                                         | Amount of Each Receipt this Period<br>2500.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                           |                                               |                                                               |
| Name of Employer Mathy Construction Occupation Contractor                                                                     | Aggregate Year-to-Date<br>2500.00             |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                               |                                                               |

|                                                                                                                               |                                               |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. Steven C. Mathy</b>                                                          |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address N2104 Valley Road                                                                                             |                                               | Transaction ID: SA11A1.5240                                   |
| City LaCrosse State WI Zip Code 54650                                                                                         | Amount of Each Receipt this Period<br>2500.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                           |                                               |                                                               |
| Name of Employer Mathy Construction Occupation Contractor                                                                     | Aggregate Year-to-Date<br>5000.00             |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |                                               |                                                               |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | .....   |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 / 22                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        |                                         | <input type="checkbox"/> 15  |
|                                                                        |                                         | <input type="checkbox"/> 16  |
|                                                                        |                                         | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                 |                                              |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> John R. McCoy                                                              |                                              | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 7526 Red Fox Trail                                                                                              |                                              | Transaction ID: SA11A1.5197                                   |
| City State Zip Code<br>Madison WI 53717                                                                                         | Amount of Each Receipt this Period<br>500.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                              |                                                               |
| Name of Employer<br>Truck Country of Wisconsin                                                                                  | Occupation<br>President                      |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |                                                               |

|                                                                                                                                 |                                               |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Kevin P. Michels                                                           |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address P O Box 128                                                                                                     |                                               | Transaction ID: SA11A1.5188                                   |
| City State Zip Code<br>Brownsville WI 53006                                                                                     | Amount of Each Receipt this Period<br>2000.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                               |                                                               |
| Name of Employer<br>Michels Corporation                                                                                         | Occupation<br>Vice President                  |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00           |                                                               |

|                                                                                                                                 |                                               |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Patrick D. Michels                                                         |                                               | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address P O Box 190                                                                                                     |                                               | Transaction ID: SA11A1.5194                                   |
| City State Zip Code<br>Brownsville WI 53006                                                                                     | Amount of Each Receipt this Period<br>1500.00 |                                                               |
| FEC ID number of contributing federal political committee. <b>C</b>                                                             |                                               |                                                               |
| Name of Employer<br>Michels Corporation                                                                                         | Occupation<br>President                       |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00           |                                                               |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 4000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                        |                                         |                              |
|------------------------------------------------------------------------|-----------------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 12 / 22                 |
|                                                                        | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|                                                                        | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|                                                                        | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|                                                                        | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|                                                                        | <input type="checkbox"/> 17             |                              |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                 |                                       |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A.</b> Ruth L. Michels                                                            |                                       | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address Box 128<br>364 Oakdale Drive                                                                                    |                                       | Transaction ID: SA11A1.5186                                   |
| City<br>Brownsville                                                                                                             | State<br>WI                           | Zip Code<br>53006                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                       | Amount of Each Receipt this Period<br>2000.00                 |
| Name of Employer<br>Michels Corporation                                                                                         | Occupation<br>Chief Executive Officer |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00   |                                                               |

|                                                                                                                                 |                                     |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B.</b> Steve Michels                                                              |                                     | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address 2607 Western Avenue<br>Unit 1205                                                                                |                                     | Transaction ID: SA11A1.5192                                   |
| City<br>Seattle                                                                                                                 | State<br>WA                         | Zip Code<br>98121                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                     | Amount of Each Receipt this Period<br>1500.00                 |
| Name of Employer<br>Michels Corporation                                                                                         | Occupation<br>Co-Owner              |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1500.00 |                                                               |

|                                                                                                                                 |                                    |                                                               |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C.</b> Robert J. Schaupp                                                          |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 5 / 2 5 / 2 0 0 6 |
| Mailing Address P O Box 12737                                                                                                   |                                    | Transaction ID: SA11A1.5210                                   |
| City<br>Green Bay                                                                                                               | State<br>WI                        | Zip Code<br>54307                                             |
| FEC ID number of contributing federal political committee.<br>C                                                                 |                                    | Amount of Each Receipt this Period<br>250.00                  |
| Name of Employer<br>L C L Transit Company                                                                                       | Occupation<br>President            |                                                               |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |                                                               |

|                                                                    |             |
|--------------------------------------------------------------------|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 3750.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                              |                              |                              |                             |                             |
|------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 13 / 22                |                             |
|                                                                              | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13                                                  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Robert D. Wood

Mailing Address 2207 Traves Court

City State Zip Code  
Alexandria VA 22306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Barbour Griffith & Rogers President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2006

Transaction ID: SA11A1.5234

Amount of Each Receipt this Period  
1000.00

|                                                                  |   |          |
|------------------------------------------------------------------|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 28000.00 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|                                                                        |                                                                                                                                                                                                                                                                              |              |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:                                                                                                                                                                                                                                                             | PAGE 14 / 22 |
|                                                                        | (check only one)                                                                                                                                                                                                                                                             |              |
|                                                                        | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                 |                                              |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. ALLIANT ENERGY EMPLOYEE'S POLITICAL ACTION COMM</b>                            |                                              | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 4902 NORTH BILTMORE LANE<br>PO BOX 77007                                                                        |                                              | <b>Transaction ID:</b> SA11C.5232                               |
| City MADISON State WI Zip Code 53707                                                                                            | Amount of Each Receipt this Period<br>500.00 |                                                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00132092                                                |                                              |                                                                 |
| Name of Employer Occupation                                                                                                     | Aggregate Year-to-Date ▼<br>500.00           |                                                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                              |                                                                 |

|                                                                                                                                 |                                               |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. AMERICAN MOVING AND STORAGE ASSOCIATION POLITICAL ACTION COMMITTEE</b>         |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 3 1 / 2 0 0 6 |
| Mailing Address 1611 DUKE STREET                                                                                                |                                               | <b>Transaction ID:</b> SA11C.5227                               |
| City ALEXANDRIA State VA Zip Code 22314                                                                                         | Amount of Each Receipt this Period<br>1000.00 |                                                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00255257                                                |                                               |                                                                 |
| Name of Employer Occupation                                                                                                     | Aggregate Year-to-Date ▼<br>1000.00           |                                                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                               |                                                                 |

|                                                                                                                                 |                                               |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE</b>                               |                                               | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>0 5 / 0 9 / 2 0 0 6 |
| Mailing Address 1200 West 49th Street                                                                                           |                                               | <b>Transaction ID:</b> SA11C.5184                               |
| City Hialeah State FL Zip Code 33012                                                                                            | Amount of Each Receipt this Period<br>3000.00 |                                                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b> C00387720                                                |                                               |                                                                 |
| Name of Employer Occupation                                                                                                     | Aggregate Year-to-Date ▼<br>3000.00           |                                                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                               |                                                                 |

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                              |                              |                                         |
|------------------------------------------------------------------------------|------------------------------|-----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 15 / 22                            |
|                                                                              | (check only one)             |                                         |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c |
| <input type="checkbox"/> 12                                                  | <input type="checkbox"/> 13  | <input type="checkbox"/> 14             |
| <input type="checkbox"/> 15                                                  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17             |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Yellow Roadway

Mailing Address 10990 Roe Avenue

City State Zip Code  
Overland Park KS 66211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 0 6

Transaction ID: SA11C.5216

Amount of Each Receipt this Period  
1000.00

|                                                                  |   |         |
|------------------------------------------------------------------|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 5500.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|                                                                              |                              |                              |                             |                                        |
|------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|----------------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 16 / 22                |                                        |
|                                                                              | (check only one)             |                              |                             |                                        |
| <input type="checkbox"/> 11a                                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13                                                  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Provident Bank

Mailing Address 1055 Thomas Jefferson Street

City State Zip Code  
Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1851.16

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA17.5241

Amount of Each Receipt this Period  
559.07

Interest

|                                                                  |   |        |
|------------------------------------------------------------------|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 559.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 559.07 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 17 / 22

|                                         |                              |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                            |                                                                                                                                      |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Thomas E. Petri</b>                                                                       |                                                                                                                                      | <b>Transaction ID: SB21B.5264</b><br>Date of Disbursement<br>05 / 18 / 2006 |  |
| Mailing Address 3333 Prospect Avenue NW                                                                                                    |                                                                                                                                      | Amount of Each Disbursement this Period<br>311.90                           |  |
| City Washington<br>State DC<br>Zip Code 20007                                                                                              | Purpose of Disbursement<br>Travel expense reimbursement                                                                              | Category/<br>Type                                                           |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                             |  |

|                                                                                                                                            |                                                                                                                                      |                                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Political Compliance Services Inc</b>                                                     |                                                                                                                                      | <b>Transaction ID: SB21B.5258</b><br>Date of Disbursement<br>05 / 02 / 2006 |  |
| Mailing Address P.O. Box 373                                                                                                               |                                                                                                                                      | Amount of Each Disbursement this Period<br>500.00                           |  |
| City Fairfax Station<br>State VA<br>Zip Code 22039                                                                                         | Purpose of Disbursement<br>Consultant: Compliance                                                                                    | Category/<br>Type                                                           |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                             |  |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>811.90</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>811.90</b> |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 22

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                                                                                    |                                                                                                                                                      |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. BILBRAY FOR CONGRESS</b>                                                                                                                          |                                                                                                                                                      | <b>Transaction ID: SB23.5242</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 2 / 2 0 0 6 |
| Mailing Address 3473 CACTUS VALLEY<br>PO BOX 29391                                                                                                                                                 |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00                                                     |
| City LAUGHLIN State NV Zip Code 89028                                                                                                                                                              |                                                                                                                                                      |                                                                                                        |
| Purpose of Disbursement<br>Candidate Name<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: 03 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                        |
| Category/<br>Type                                                                                                                                                                                  |                                                                                                                                                      |                                                                                                        |

|                                                                                                                                                                                                    |                                                                                                                                                      |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. CHARLES TAYLOR FOR CONGRESS COMMITTEE</b>                                                                                                         |                                                                                                                                                      | <b>Transaction ID: SB23.5243</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 7 / 2 0 0 6 |
| Mailing Address PO Box 2355<br>PO Box 2355                                                                                                                                                         |                                                                                                                                                      | Amount of Each Disbursement this Period<br>1000.00                                                     |
| City Asheville State NC Zip Code 28802                                                                                                                                                             |                                                                                                                                                      |                                                                                                        |
| Purpose of Disbursement<br>Candidate Name<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District: 11 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                        |
| Category/<br>Type                                                                                                                                                                                  |                                                                                                                                                      |                                                                                                        |

|                                                                                                                                                                                                    |                                                                                                                                                      |                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. CHRISTOPHER SHAYS FOR CONGRESS COMMITTEE</b>                                                                                                      |                                                                                                                                                      | <b>Transaction ID: SB23.5245</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 7 / 2 0 0 6 |
| Mailing Address 98 East Avenue Rear Building<br>98 East Avenue Rear Building                                                                                                                       |                                                                                                                                                      | Amount of Each Disbursement this Period<br>5000.00                                                     |
| City Norwalk State CT Zip Code 06851                                                                                                                                                               |                                                                                                                                                      |                                                                                                        |
| Purpose of Disbursement<br>Candidate Name<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 04 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                        |
| Category/<br>Type                                                                                                                                                                                  |                                                                                                                                                      |                                                                                                        |

|                                                                    |         |
|--------------------------------------------------------------------|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 7000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | .....   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 22

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

**A. FITZPATRICK FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: PA District: 08

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5247  
Date of Disbursement

05 / 07 / 2006

Amount of Each Disbursement this Period

2000.00

**B. FRIENDS OF DAVE REICHERT**

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: WA District: 08

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5249  
Date of Disbursement

05 / 07 / 2006

Amount of Each Disbursement this Period

4000.00

**C. FRIENDS OF MIKE SODREL**

Mailing Address 702 NORTH SHORE DRIVE SUITE 500

City JEFFERSONVILLE State IN Zip Code 47130

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: IN District: 09

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.5251  
Date of Disbursement

05 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 22

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                   |                                                                                                                                                      |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. HEATHER WILSON FOR CONGRESS</b>                                                  |                                                                                                                                                      | <b>Transaction ID: SB23.5253</b><br>Date of Disbursement                                              |
| Mailing Address P.O. BOX 14070<br>P.O. BOX 14070                                                                                  |                                                                                                                                                      | <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2006"/> |
| City ALBUQUERQUE                                                                                                                  | State NM                                                                                                                                             | Zip Code 87191                                                                                        |
| Purpose of Disbursement                                                                                                           | <input type="text" value="4000.00"/>                                                                                                                 |                                                                                                       |
| Candidate Name                                                                                                                    | Category/Type                                                                                                                                        |                                                                                                       |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                       |
| State: NM                                                                                                                         | District: 01                                                                                                                                         |                                                                                                       |

|                                                                                                                                   |                                                                                                                                                      |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. JIM GERLACH FOR CONGRESS COMMITTEE</b>                                           |                                                                                                                                                      | <b>Transaction ID: SB23.5252</b><br>Date of Disbursement                                              |
| Mailing Address PO Box 87                                                                                                         |                                                                                                                                                      | <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2006"/> |
| City Uwchland                                                                                                                     | State PA                                                                                                                                             | Zip Code 19480                                                                                        |
| Purpose of Disbursement                                                                                                           | <input type="text" value="3800.00"/>                                                                                                                 |                                                                                                       |
| Candidate Name                                                                                                                    | Category/Type                                                                                                                                        |                                                                                                       |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                       |
| State: PA                                                                                                                         | District: 06                                                                                                                                         |                                                                                                       |

|                                                                                                                                   |                                                                                                                                                      |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. MUSGRAVE FOR CONGRESS</b>                                                        |                                                                                                                                                      | <b>Transaction ID: SB23.5254</b><br>Date of Disbursement                                              |
| Mailing Address 118 West Charlotte Street                                                                                         |                                                                                                                                                      | <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2006"/> |
| City Johnstown                                                                                                                    | State CO                                                                                                                                             | Zip Code 80534                                                                                        |
| Purpose of Disbursement                                                                                                           | <input type="text" value="5000.00"/>                                                                                                                 |                                                                                                       |
| Candidate Name                                                                                                                    | Category/Type                                                                                                                                        |                                                                                                       |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                       |
| State: CO                                                                                                                         | District: 04                                                                                                                                         |                                                                                                       |

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="12800.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 22

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                        |                                                                                                                                   |                                                                                                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE</b>                       |                                                                                                                                   | <b>Transaction ID:</b> SB23.5257<br>Date of Disbursement                                                                                                                                                                                                            |
| Mailing Address 320 FIRST STREET                                                                                       |                                                                                                                                   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="26"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/> |
| City WASHINGTON                                                                                                        | State DC                                                                                                                          | Zip Code 20003                                                                                                                                                                                                                                                      |
| Purpose of Disbursement                                                                                                |                                                                                                                                   | Amount of Each Disbursement this Period                                                                                                                                                                                                                             |
| Candidate Name                                                                                                         |                                                                                                                                   | <input type="text" value="15000.00"/>                                                                                                                                                                                                                               |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                                     |
| State: District:                                                                                                       | Category/Type                                                                                                                     |                                                                                                                                                                                                                                                                     |

|                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>B. PORTER FOR CONGRESS</b>                                                          |                                                                                                                                                   | <b>Transaction ID:</b> SB23.5259<br>Date of Disbursement                                                                                                                                                                                                            |
| Mailing Address PO Box 26087                                                                                                      |                                                                                                                                                   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/> |
| City Las Vegas                                                                                                                    | State NV                                                                                                                                          | Zip Code 89126                                                                                                                                                                                                                                                      |
| Purpose of Disbursement                                                                                                           |                                                                                                                                                   | Amount of Each Disbursement this Period                                                                                                                                                                                                                             |
| Candidate Name                                                                                                                    |                                                                                                                                                   | <input type="text" value="4000.00"/>                                                                                                                                                                                                                                |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                                     |
| State: NV District: 03                                                                                                            | Category/Type                                                                                                                                     |                                                                                                                                                                                                                                                                     |

|                                                                                                                                   |                                                                                                                                                   |                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>C. PRYCE FOR CONGRESS</b>                                                           |                                                                                                                                                   | <b>Transaction ID:</b> SB23.5260<br>Date of Disbursement                                                                                                                                                                                                            |
| Mailing Address 145 E. Rich Street                                                                                                |                                                                                                                                                   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/> |
| City Columbus                                                                                                                     | State OH                                                                                                                                          | Zip Code 43215                                                                                                                                                                                                                                                      |
| Purpose of Disbursement                                                                                                           |                                                                                                                                                   | Amount of Each Disbursement this Period                                                                                                                                                                                                                             |
| Candidate Name                                                                                                                    |                                                                                                                                                   | <input type="text" value="5000.00"/>                                                                                                                                                                                                                                |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                                                                                                                                                                                     |
| State: OH District: 15                                                                                                            | Category/Type                                                                                                                                     |                                                                                                                                                                                                                                                                     |

|                                                                  |                                       |
|------------------------------------------------------------------|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="24000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 22

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
The Badger Fund, Inc.

|                                                                                                                                                             |                                                                                                                                                      |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial)<br><b>A. SIMMONS FOR CONGRESS</b>                                                                                   |                                                                                                                                                      | Transaction ID: SB23.5262<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 0 7 / 2 0 0 6 |
| Mailing Address P.O. Box 268 Drawer 271<br>P.O. Box 268 Drawer 271                                                                                          |                                                                                                                                                      | Amount of Each Disbursement this Period<br>4000.00                                              |
| City Stonington State CT Zip Code 06378                                                                                                                     | Purpose of Disbursement <input type="text"/>                                                                                                         |                                                                                                 |
| Candidate Name                                                                                                                                              |                                                                                                                                                      | Category/Type                                                                                   |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: CT District: 02 | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                                                                                 |

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

58800.00